

Guidelines for Implementing Supportive Supervision for Family Planning and Post-Abortion Care Services in Crisis Settings

A step-by-step guide with tools to support the supervision

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**RAISE**

Reproductive
Health Access,
Information
and Services
in Emergencies

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Acknowledgments

This manual is a compilation of guidance and tools that have been used in the field and found to be valuable for improving the quality of family planning and post-abortion care services. They were developed and piloted during the RAISE Initiative through collaboration among Columbia University Mailman School of Public Health, Marie Stopes International, American Refugee Committee, CARE, International Rescue Committee, Merlin, and Save the Children. We would also like to acknowledge several tools that have helped shape the field of supportive supervision, namely EngenderHealth’s Facilitative Supervision Handbook, JHPIEGO’s Supervising Healthcare Services (Improving the Performance of People), PATH’s Guidelines for Implementing Supportive Supervision: A step-by-step guide with tools to support immunization, Children Vaccination Program, and WHO’s Training for mid-level managers Module 4: Supportive Supervision.

Acronym List

FP	Family Planning
PAC	Post-Abortion Care
IUD	Intra-Uterine Device
GATHER	Greet, Ask, Tell, Help, Explain, Return
QI	Quality Improvement
RH	Reproductive Health

1 Introduction

The rights of displaced people to reproductive health (RH), and specifically family planning, were recognized at the International Conference on Population and Development in 1994. Since then, RH service provision has progressed, but substantial gaps remain in services, institutional capacity, policy and funding. It has been shown that provision of clinical family planning (FP) methods and post-abortion care (PAC) is lacking in most conflict-affected settings.

One of the key barriers to the provision of comprehensive RH services is the lack of supportive supervision. Ongoing supervision is an important means of improving the quality of FP and PAC services. Good supervision requires both a well-planned system and strong supervisors. Without proper systems in place to make sure ongoing supervision is carried out effectively, even the most motivated and skilled supervisors will not be able to provide support for good quality services.¹

Purpose of this manual

This manual provides practical and concrete guidance to develop a strong supportive supervision system. It is written so that supervisors and health facility staff can use it to identify and solve problems and improve the quality of FP and PAC services. You can easily modify these tools to address supportive supervision for all aspects of primary health care. The manual introduces a straightforward series of steps and linked tools for including competency-based skill checklists, guides for creating work plans and job aids that will help supervisors and facility staff to continuously improve their service provision. The tools can be used as-is or serve as a reference to be adapted as necessary. Following the recommended steps and using the tools in this manual will strengthen your supervision system, lead to better quality FP and PAC services and, ultimately, ensure that the men and women you serve receive the FP and PAC services they deserve.

¹ Guidelines for Implementing Supportive Supervision: A step-by-step guide with tools to support immunization; Children Vaccination Program, PATH; Seattle; 2003

What is supportive supervision?

Supportive supervision is a process of guiding, helping, training and encouraging staff to improve their performance continuously in order to provide high quality health services.²

Supportive supervision uses open, two-way communication and team-building approaches to facilitate problem-solving. It focuses on monitoring performance towards goals, using data for decision-making and depends on regular follow-up with staff to ensure that new tasks are being implemented correctly.³ Supportive supervision is provided by skilled district supervisors at health facilities and occurs regularly. However, supportive supervision should also become a routine process of staff within health facilities helping one another, with the common aim of improving the quality of health services.

What does a supportive supervisor do?

A supportive supervisor works with facility staff to establish goals, monitor performance, identify and correct problems and proactively improve the quality of the service.⁴ Together, the supervisor and health workers identify and address weaknesses on the spot, thus preventing poor practices from becoming routine. Supervision is also an opportunity to recognize good practices and encourage staff to maintain their high levels of performance.

² Supervising Healthcare Services (Improving the Performance of People); JHPIEGO; 2004

³ Training for mid-level managers (MLM) Module 4: Supportive Supervision; WHO Department of Immunization, Vaccines and Biologicals, 2008

⁴ Supervising Healthcare Services (Improving the Performance of People); JHPIEGO; 2004

What are the roles of external and on-site supervisors?

This manual identifies important roles for both external and on-site supervisors because a successful supportive supervision system requires that both layers of supervision function well and reinforce each other.

The external supervisor is usually a senior staff member designated by the Ministry of Health, district or zonal office or NGO whose responsibilities include oversight of facilities. She also has a critical liaison role: the external supervisor interacts with the facilities and also with district, region and NGO authorities and so must be the driving force in solving service problems that require action at these levels.

The internal supervisor, referred to as the on-site supervisor in this manual, is usually the head or ‘in-charge’ of the facility, and is the person responsible for making routine management decisions. In a hospital or other large facility, there may be several on-site supervisors (e.g., one for the family planning clinic and another for PAC/obstetric services).

The visit of the external supervisor - usually once per month or once per quarter - is an important event that focuses staff attention on the services being provided and on the quality of those services. However, staff must ensure quality every day, not only during supervision visits. The day-to-day attention to quality by the on-site supervisor, with his staff, is therefore an important element of overall supportive supervision. The external and on-site supervisors build on each other’s work and establish a system of ongoing quality improvement.

Table 1. Differences between traditional and supportive supervision approaches

Action	Traditional supervision	Supportive supervision - External	Supportive supervision - On-site
Who performs supervision?	Staff member designated by MOH, district, zone or NGO	Staff member designated by MOH, district, zone or NGO	Head of facility
When does supervision happen?	During periodic visits by external supervisors	During regular visits by external supervisors	On the job Team meetings
How long does supervision take?	May vary from 1 to 3 hours per periodic visit	Ideally, 4-6 hours per month OR 1-2 days per quarter	Regular interactions on the job During staff meetings (1-2 hours per week)
What happens during supervision encounters?	Facility inspection Record review Decisions made by supervisors alone	Observation of performance and comparison to standards Provision of constructive feedback on performance Technical updates provided Facility register review Client record review Supply review	Observation of performance and comparisons to standards Provision of constructive feedback on performance Technical updates provided
How are problems addressed during the visits?	Problems solved in a reactive, not proactive manner Minimal feedback or discussion of supervisor observations	Follow-up of previously identified problems Joint problem solving with staff Supervisory skills transferred to the on-site supervisor, including use of tools Debriefing meeting held with all providers	Follow-up of previously identified problems Joint problem solving with staff Debriefing meeting held with all providers
What happens after supervision visits?	No or irregular follow-up	Action plan items followed up at district and higher levels Next visit confirmed	Action plan items followed up at facility level Next visit confirmed **The on-site supervisor is responsible for a significant amount of follow-up

Adapted from “Comparison of traditional and supportive supervision” (Marquez and Kean, 2002)

2 Assessing the existing supervision system

Before implementing supportive supervision, it is important for external supervisors to assess and understand the existing supervisory system, which includes identifying those with decision-making power and financial resources. The questions in Table 2 are suggestions to help determine the status of the existing system, and guide the appropriate steps to strengthen the system.⁵

In your discussion, address these questions. It is not necessary to spend too much time on each individual question. The purpose of this exercise is to start a conversation and help identify potential areas for improvement.

- Is the current supervision system serving the needs of the facilities?
- Are you satisfied that the existing supervision is improving the quality of family planning and PAC services?
- How does the existing system rate overall: excellent, good, fair or poor?
- What are the strengths of our system?
- What are its weaknesses?
- Review the remainder of this manual, and decide if this supportive supervision guidance and tools can help fill the gaps in your existing supervision system.

NOTE: Most supervisors who conduct this assessment will find gaps in their systems. Most supervision systems, even in districts with highly successful programs, can be improved. Research has shown that supportive supervision is linked to higher quality services.⁶ This manual can therefore be used to improve even good existing supervision systems and help to build up weak or very limited systems.

⁵ Guidelines for Implementing Supportive Supervision: A step-by-step guide with tools to support immunization; Children Vaccination Program, PATH; Seattle; 2003.

⁶ Making supervision supportive and sustainable: new approaches to old problems. MAQ Paper No. 4. Maximizing Access and Quality (MAQ) Initiative; Washington, DC; 2002.

Table 2. Assessment of existing supervision system

Before beginning this exercise:

- Ask all district personnel who have supervision responsibilities or oversight to fill out the questionnaire below independently
- Convene a meeting of about two hours to discuss the completed questionnaires, identify strong and weak aspects of the system and develop an action plan

Questions	Responses	Comments	How does your system rank? (Excellent, Good, Fair, Poor)
Is a supervision policy in place?	Yes No		
Is there a clear supervision schedule?	Yes No		
Is the schedule carried out?	Almost always Sometimes Rarely or never		
Are sufficient funds and transportation for visiting facilities available?	Yes No		
Are the supervisors trained in supervision?	Yes No		
Are the responsibilities of supervisors clearly outlined?	Yes No		
Do their other responsibilities allow them adequate time for supervision?	Yes No		
Are there existing checklists/tools for supervisors based on national guidelines or recognized standards?	Yes No		
Do supervisors routinely use checklists/tools during supervision?	Almost always Sometimes Rarely or never		
Do facility staff participate in identifying and solving problems?	Almost always Sometimes Rarely or never		
Are problems resolved and services improving?	Almost always Sometimes Rarely or never		

Adapted from "Guidelines for Implementing Supportive Supervision: A step-by-step guide with tools to support immunization, Children Vaccination Program" (PATH, 2002)

3 Skills needed by a supportive supervisor

Qualifications for a supervisor

An effective external supportive supervisor for FP and PAC has the following qualifications:

- Clinician with minimum of 5 years' experience in FP and PAC;
- Management experience for minimum of 3 years (e.g., head of a health facility);
- Trained competency-based trainer;
- Excellent communication and teamwork skills;
- Desire and ability to motivate colleagues to improve;
- Competence in the supportive supervision process and tools.

Do the current supervisors have all of these qualifications? If not, take these steps to improve effectiveness:

1. Train and mentor supervisors to these standards (e.g., send supervisors to be trained as competency-based trainers);
2. Until all supervisors acquire these qualifications, have them work in pairs in which each member's skills complement the other's;
3. Train the supervisors on the tools in this manual.

The on-site supervisor is not expected to have all of these qualifications, but they should develop these skills over time. Consistent interaction with the external supervisor is a way to build their capacity in these areas.

Communication Skills

To make supervision more supportive, supervisors should strengthen their communication skills. The following skills encourage staff to discuss problems with the supervisor and focus on finding the solutions:

- Active listening: listening to another person that communicates understanding, empathy and interest. It has three components: Silence, paraphrase and clarification.
- Positive body language: using body posture, position of body parts (e.g., arms, legs, eyes) and gestures that indicate respect, interest and empathy.
- Verbal and Non-verbal encouragement: using words, phrases and gestures to indicate attention.

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- Open-ended questions: asking questions that cannot be answered yes or no and usually begin with who, what, where, when, why or how.
 - Constructive feedback: feedback given by the supervisor that focuses on solutions to the problem identified rather than on assigning blame or causing hurt feelings.

4 Developing the annual supportive supervision plan

Planning for supportive supervision visits should be an integral part of the annual/quarterly work plan process. The components of the work plan should include the selection of supervisors, timing, frequency and duration of visits as well as the overall purpose and activities of supervision visits. Planning for all facilities should be established a year in advance and revisited every six months.

Establish time, frequency and duration of supervision visits

How long should supportive supervision visits be? How often should they be conducted? When should they be scheduled?

These guidelines indicate how much time an external supervisor should plan for each visit to a facility. Consider these minimum recommendations; more time invested in supportive supervision will often lead to better results at facilities.

- For sites you can reach with less than 2 hours travel time each way, monthly visits are feasible and recommended. Ensure there are 4-6 hours of on-site work time for each visit.
- For sites with travel time that exceeds 2 hours each way, quarterly visits are recommended. For these visits, ensure 1-2 days of onsite work time (8-12 hours of work time). Plan your visit around the amount of time needed on-site and plan to spend the night. It is better to spend in-depth time once per quarter than schedule rushed visits every month.
- New health facilities, those with new staff, those for which FP and PAC services are new and those with frequent or particularly challenging problems will require more frequent visits. Firmly established facilities may be visited less often as staff gain experience and confidence.

(Click [here](#) to see an example of an Annual Supportive Supervision Calendar)

Select supervision activities and tools

External supervisors must ensure that all required support and assessment activities are scheduled into the annual supervision

calendar. Table 3 shows the recommended minimum frequencies for the full range of activities that should be carried out during supportive supervision. For example, it is recommended that the supervisor assess each trained provider for competence in IUD insertion 2 times per year; the supervisor will use the linked “Checklist for IUD Insertion” to do this assessment. Ensuring adequate FP supplies and reviewing FP and PAC data - using the linked tools - are recommended during every visit.

To ensure that the required annual frequencies are met, the supervisor must have a clearly defined purpose for every facility visit. Again, remember that these are minimum recommendations. Additional attention must be paid to problem topics in each facility and with specific providers.

Strengthen on-site supervision

As presented above, the supervision activities are carried out by the external supervisor during regularly scheduled visits. This is reasonable, especially in the early stages of a re-organized supervision system.

However, over time, the on-site supervisor can and should provide additional supportive supervision to the staff in his facility, using the same tools used by the external supervisor. Since the on-site supervisor is with facility staff on a daily basis, he can easily observe daily activities, provide feedback, and organize regular meetings to discuss overall progress. It is a responsibility of the external supervisor to mentor the on-site supervisor by, for example, training him in use of the tools, strengthening his communications skills and facilitating his use of guidelines such as COPE. With a common vision of using supportive supervision to improve the quality of services, the external and on-site supervisors and facility staff will work toward a common and mutually reinforcing goal.

Table 3. Menu of supportive supervision activities and linked tools

Service delivery topics	Activities	Tools	Recommended minimum frequency
FP service provision	Assess FP knowledge of providers	FP Knowledge Questionnaire	1 time per provider per year
	Assess FP providers' clinical competence and infection prevention (IP) practice	Clinical competence checklists: <ul style="list-style-type: none"> IUD Insertion IUD Removal Implant Insertion Implant Removal 	2 times per provider per year
		<ul style="list-style-type: none"> Combined Oral Contraceptives Progestin Only Pills Progestin Injectable Contraceptives Male and Female Condoms 	1 time per provider per year
		FP counselling checklist	2 times per provider per year
		History Taking checklist Physical Exam checklist	1 time per provider per year
PAC service provision	Assess PAC knowledge of providers	PAC Knowledge Questionnaire	1 time per provider per year
	Assess PAC providers' clinical competence and infection prevention (IP) practice	Checklists: <ul style="list-style-type: none"> Preparing Manual Vacuum Aspiration Equipment PAC with MVA PAC with Misoprostol Post-abortion FP counseling 	2 times per provider per year
Infection prevention	Observe infection prevention (IP) system	Infection Prevention supplies checklist	Every visit
Equipment and Supplies	Review inventory of FP and PAC equipment and supplies with staff	FP Methods Availability checklist	Every visit
		FP Equipment and Supplies checklist	1 time per year
		PAC Equipment and Supply checklist	2 times per year
Register review and data use	Review FP register	FP and PAC registers and Data Use checklist	Every visit
	Review PAC register		
	Review data use		
Facility Environment	Assess the physical environment	General Health Facility checklist	Every visit

5 Planning and conducting the supervision visit

A well-organized, effective supervision visit requires preparation, focus and follow-through.

Before arriving at the facility

Step 1: Review prior documents

The external and on-site supervisors should review these documents before an external supervision visit:

- Prior supervision reports;
- Data from 3 previous months;
- Work plan from previous supervision visit.

Step 2: Clarify specific purpose of this month's/quarter's visit

- Verify you are on track with recommended annual frequency of supervisory activities, including the assessment of individual providers for clinical competence (Click here to view the Provider and Facility Performance tracking sheet);
- Select specific FP and PAC activities and tools for this visit;
- Print the tools before the visit (include 2 copies of blank work plans).

Step 3: Confirm visit

- Call and confirm the time and date of the next visit with the on-site supervisor;
- Confirm staff will be on-site and facility will be open.

At the facility

Step 4: Meet with facility head

- Upon arrival at the facility, hold a brief meeting with the facility director (in a large facility, this may not be the on-site supervisor), the on-site supervisors and any available staff to review the strengths and concerns identified during the last visit;
- Ask about progress made toward resolving problems previously identified and any new problems that have arisen;
- Discuss the specific purpose of this visit.

The on-site supervisor must plan to make time available to accompany the external supervisor throughout his visit. All facility staff and the external supervisor must recognize the potential service interruption and minimize the impact for the clients.

Step 5: Conduct planned supervision activities

- Carry out the supervision activities selected (See Table 3 for suggested activities) for the visit (see Figure 1 for an example);
- External and on-site supervisors should conduct the visit jointly to strengthen the on-site supervisor’s skills, acknowledging that the demands on his time may prevent him from participating in every activity;
- During each activity, the supervisors should problem-solve on the spot with facility staff and also note concerns for later discussion;
- Follow-up on specific problems identified in the previous work plan;
- The supervisors should take care to maintain an attitude of corrective and supportive feedback with staff, and avoid insults and shaming.

Here is an example of one supportive supervision visit with specific activities that would be conducted and tools used.

<p>Figure 1: Example of activities during a supportive supervision visit</p> <p>Assess an individual provider’s performance using these tools (used 1-2 times per year):</p> <ul style="list-style-type: none">• FP Knowledge Questionnaire• Checklist for IUD Insertion• Checklist for Implant Insertion• FP Counseling checklist• PAC Knowledge Questionnaire• Checklist for preparing MVA Equipment,• Checklist for PAC with MVA• Post-abortion FP counseling checklist <p>Assess Facility readiness for FP/PAC using these tools (used every visit):</p> <ul style="list-style-type: none">• PAC Equipment and Supply checklist• Infection Prevention Supplies checklist• FP Equipment and Supply checklist• FP Methods Availability checklist• FP & PAC Registers and Data Use Checklists• General Health Facility Checklist <p>Follow up every month on problems areas from prior visits</p>
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Step 6: Hold debriefing and work plan meeting with staff

All staff should meet with the supervisors for 1½-2 hours near the end of the visit. The purposes of the meeting are to debrief on the visit and to update the work plan.

Debrief

The debriefing should cover observations made during the visit and a discussion of what was learned from both supervisors and facility staff. The following are ideas for the debriefing:

- Acknowledge progress made since last visit;
- Give a specific example of progress, don't simply say 'well done';
- Focus on the problem and not on the individual providers;
- Summarize and discuss observations, causes and potential solutions to problems identified;
- Use the 'Why' technique (see Figure 2) to determine causes of problems;
- Be sure to recognize good work being done, as well as challenges that remain.

Update the work plan

([Click here to see a Supervision Work Plan template](#))

- Check off what was accomplished on work plan from previous visit;
- Include all unresolved problems on updated work plan;
- Discuss and prioritize newly identified problems and identify actions needed;
- Name the person responsible for completing specific actions and the dates they are due to be completed (ONLY those who are facility staff or supervisors can be responsible for action items. For example, do not write "MOH" as the responsible person in the work plan.);
- Ensure both the external supervisor and the on-site supervisor has a copy of the updated work plan for reference.

This updated work plan should now be used by the external supervisor and the on-site supervisor to guide their work until the next visit.

Step 7: Individual debriefing between external supervisor and on-site supervisor

This is an opportunity for the external supervisor and the on-site supervisor to:

- discuss issues that require confidentiality regarding staff members;
- determine whether the on-site supervisor is receiving adequate attention for his supervisory skills development.

Actions decided in this discussion should be added to a separate workplan, available only to appropriate individuals.

Figure 2.

How to use the ‘why’ technique to identify the root of the problem

Below is an example of how a supervisor can get to the root of a problem, by simply asking “why” three or more consecutive times. Often, the first response to why something isn’t working does not get to the real problem. This method allows for a deeper understanding of the true problem, which in turn gets you to a real solution that allows for changes to take place and services to improve.

EXAMPLE

The supervisor observes that Depo-Provera is out of stock

Why did you run out of Depo-Provera?

Answer: *Because we didn’t get our resupply from the MOH.*

Why didn’t you get your resupply?

Answer: *Because we didn’t place our order in time.*

Why didn’t you place your order in time?

Answer: *Because we didn’t have any order forms.*

The root cause of the problem does not lie with the Ministry of Health, but with the site’s system for ordering supplies.

In the work plan, this item may look like this (this only shows the first few steps that have to be taken, but it provides an example of the level of detail necessary):

Problem	Cause	Action Point	Person Responsible	Due dates
Stock-out of Depo-Provera	Lack of order forms	Facility head completes emergency requisition	Jean	Same day (24/7/2012)
		External supervisor carries request to district pharmacy	Fatima	Same day (24/7/2012)
		Facility head confirms Depo arrives***	Jean	1 week later (2/8/2012)
		Obtain sufficient supply order forms	Marie (Pharmacy Manager)	2/8/2012
		Proceed with usual ordering procedure	Marie (Pharmacy Manager)	16/8/2012

***NOTE: follow up between on-site supervisor and external supervisor continues until the supplies are delivered.

6 After the supervision visit

Following the supervision visit and the meeting with the facility staff, the following actions should be taken to continue to improve the quality of care.

Responsibilities of on-site supervisor and facility staff

All on-site staff have a responsibility to continue to improve the quality of their services between supervision visits. The following are steps the on-site supervisor and facility staff can take to continue to improve their quality of services:

- Hold weekly meetings to review and update work plan;
- Review data, identify problems and develop solutions;
- Implement solutions or, if necessary, consult with external supervisor;
- Conduct technical updates using learning guides.

On-site supervisor specifically has to do the following:

- Routinely provide supportive supervision on the job;
- Encourage team work among facility staff.

Responsibilities of external supervisor

Supportive supervision does not end with the visit; when the supervisor returns to his office, he should plan concrete follow-up activities, including:

- Write brief supervision report ([Click here for a Supportive Supervision Report template](#));
 - Summarize key points and attach the updated work plan;
 - Send report to on-site supervisor.
- Follow up on work plan;
 - Implement actions in work plan for which external supervisor is responsible;
 - Communicate with on-site supervisor to check status of key problems identified.
- Debrief with appropriate authorities (Health district or zone, Health province or region, NGO) on common themes, successes or challenges relevant across all supervised facilities.

Checklist scoring system

An external supervisor may supervise several different health facilities, each with several providers. To help the supervisor track change over time in both provider performance and facility performance, he or she may use the simple scoring system proposed here:

- For *provider* performance, assign 1 point for each step in the procedure checklists.
- For *facility* performance, assign 1 point for each element in the checklists (unless otherwise specified).

A performance tracking sheet has been provided in Excel with one worksheet for the providers and one worksheet for the facility. The supervisor enters the total number of points for each checklist into the tracking sheet, and the Excel file automatically calculates a percentage score for each.

Please note: You will need to adjust the totals for the Implant Insertion and Removal checklists depending on the type of implant you use, and for the FP methods availability checklist depending on the number of methods your facility provides.

It is important that the supervisor use these scores very carefully as they can represent one element of the overall performance. They are best used to review change in a facility's or in a provider's performance over time to see if performance is getting better or worse. It is important that the supervisor review which elements of the checklists were achieved as well as the total score. They are not as useful in isolation and should be reviewed along with other information (e.g. detail of the checklists, facility data, etc).

7 Conclusion

When you implement a system of supportive supervision and use this manual consistently, your facilities will demonstrate benefits in both quality of FP and PAC services and in staff morale. Supportive supervision, when implemented properly, yields more engaged staff who also become more accountable and take ownership for the quality of the services they provide. Supportive supervision is an ongoing process that requires consistent maintenance and planning; the effort you invest will make an important difference to the men and women who rely on your facilities for their FP and PAC services.

8 Other assessment methods and quality improvement processes

Quality improvement is a continuous process for which supportive supervision is only one of many tools. The RAISE Initiative used several tools to promote continual improvement. Some of the tools most often used are listed here, and links to these tools can be found in the reference section:

Client-Oriented, Provider-Efficient (C.O.P.E.)

One of the assessment processes shown to be effective in improving the quality of FP services is COPE. COPE was developed around a framework of clients' rights and staff needs. The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be. Staff are enabled to proactively and continuously assess and improve the quality of their services by using the self-assessment guides on client's rights (rights to privacy and confidentiality, safe services, information, access to services, etc.).

Partnership Defined Quality (PDQ)

It is important to know what the community thinks of the services the facility offers and what they need and want from the services. Partnership Defined Quality (PDQ) is one methodology to improve the quality and accessibility of services with community involvement in defining, implementing and monitoring the quality improvement process.

RAISE Training Manuals

The training manuals for FP and PAC can be used beyond the training to serve as a reference guide for FP and PAC service providers working in emergency and crisis-affected settings. They provide comprehensive skills checklists and learning guides that supervisors and facility staff can use to evaluate their clinical performance. These manuals are intended to be used in a comprehensive training setting complete with clinical supervision and follow-up.

WHO Training for mid-level managers (MLM) Module 4: Supportive Supervision

The WHO has created a training module for supportive supervision that focuses on the roles of mid-level providers. The module is primarily focused on immunization training; however their tools are applicable for FP and PAC providers as well. The modules were created to be brief and easy to use, with clear steps provided for each module and learning activities to clarify the process.

Facilitative Supervision Handbook (EngenderHealth)

This handbook provides tools to help supervisors consistently implement quality improvement in their health facilities and with their staff. The Handbook provides approaches and descriptions of facilitative supervision, clinical quality assurance and training tools, as well as strategies for engaging communities.

Supervising Healthcare Services: Improving the Performance of People (USAID/JHPEIGO)

This manual was created to strengthen the skills of supervisors at the primary health and hospital level. Much like the WHO manual, it consists of several step-by-step processes for improving performance. It provides tools to assist both new and experienced supervisors to establish and adapt standards, assess performance, analyze gaps, select interventions to address challenges and guidance on how to work with the team to improve service provision.

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10 Complete List of Tools

To view an individual tool, click on its name in the list below

Annual Supportive Supervision Calendar
FP Knowledge Questionnaire
Clinical Competencies Checklists
 IUD Insertion
 IUD Removal
 Implant Insertion
 Implant Removal
 Combined Oral Contraceptives
 Progestin Only Pills
 Progestin-Injectable Contraceptives
 Male and Female Condoms
FP Counseling
History Taking
Physical Examination
PAC Knowledge Questionnaire
Preparing Manual Vacuum Aspiration Equipment (MVA)
PAC with MVA
PAC with Misoprostol
Post-Abortion FP Counseling
Infection Prevention Supplies checklist
FP Methods Availability checklist
FP Equipment and Supply checklist
PAC Equipment and Supply checklist
FP and PAC registers and Data Use checklist
General Health Facility checklist
Provider and Facility Performance Tracking sheet
Facility Work Plan Template
Supportive Supervision Report Template



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